

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Kevin Carlisle Corrington

Full Name of Plaintiff Inmate Number

:
: Civil No. 3:23cv2075

: (to be filled in by the Clerk's Office)

Schuylkill County Crisis

Name of Defendant 1

:
 Demand for Jury Trial
 No Jury Trial Demand

Mike Martin

Name of Defendant 2

Chris (GO GI)

Name of Defendant 3

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Name of Defendant 4

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Name (Last, First, MI)

Carrington, Kevin C.

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Inmate Number

Schuylkill County Prison

Place of Confinement

250 Sonderson St.

Address

Pottsville PA 17901

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Name (Last, First)

Schuylkill County Prison

Current Job Title

Schuylkill County Prison workers

Current Work Address

1 South 2nd st.

City, County, State, Zip Code

Defendant 2:

Marten, Archie

Name (Last, First)

Ex Roommate

Current Job Title

815 West Market St.

Current Work Address

Pottsville, PA 17901

City, County, State, Zip Code

Defendant 3:

Chris

Name (Last, First)

Counselor @ Cogi

Current Job Title

1 South 2nd St.

Current Work Address

Pottsville, PA 17901

City, County, State, Zip Code

Defendant 4:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 5:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

From August 8th, 2023 to September 18th, 2023, I have been trying to retrieve my property from one Bible Martin, from ~~815 west market street~~

B. On what date did the events giving rise to your claim(s) occur?

Between August 8, 2023 - September 18, 2023

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

around August 8th, 2023 I was given papers from the Schuylkill County Sheriff office, that I had to move out of 815 west Market street, Pottsville PA 17901. My roommate was also hit with same paperwork as well while she was in jail. After she got out of jail she kicked me out and kept all of my property. Now I have spoken to the Pottsville Police officers - the Sheriff Department - the landlord of 815 west market and other lawyers about my issue, And everyone told me they could not help me get my property. I was then put into the hospital under a 302 from Schuylkill County Crisis Center. Due to the fact that I told them how I felt about not having my property.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

Due to the actions of Heidi Martin and the Crisis Center and Cogi, I lost all of my legal paperwork, from my Birth Certificate - Citizenship paperwork - Tools - Clothing ect.

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

I am made homeless and have no identification at all.

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

I am seeking payment for Damages done to myself and family, I want to as for \$ 600,000,000,00

III Statement of Facts

Now from the 8th, of August I have been trying to get my property from Spide Martin, To which I contacted her and was told that I was not getting anything. I've call the Pottsville Police Department, the Schuylkill County Sheriff office, I even tryed my Parole officer. And yet no one will help me get my legal mail or anything from said address,

So much so that I lost my temporary address and was put back in jail, for not having and address.

So not only did I loose my address I also lost every thing that I owned, Even after Gissis said that they will help me get my legal mail & what. Everyone did was lied to my face about helping me, So not when I walk out of this jail I am walking out to nothing, No Citizenship paperwork, Birthcertificate ect.

I feel that I was not only lied to by the ones that said they will help, but also looked away for asking for help and they should all say I due to the fact once I leave this prison I have nothing to go home to, I don't even have a place of my own for myself or my kids.

VII. SIGNATURE

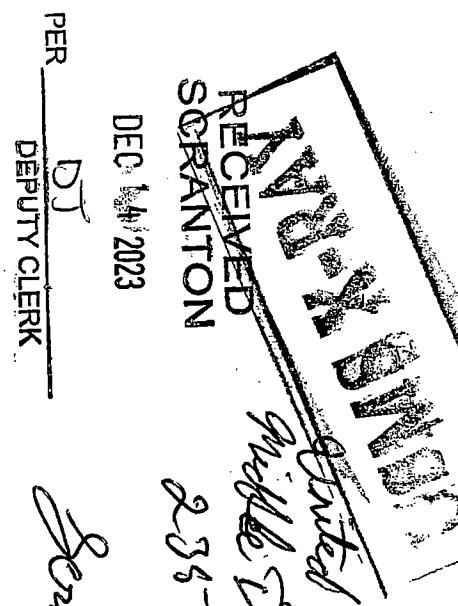
By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

Signature of Plaintiff

Date

John C. Connington
230 Sanderston St.
Pottsville PA 19501



PER DJ
DEPUTY CLERK

